



**FREDERICK COUNTY CHILD HEALTH PARTNERSHIP
RETREAT REPORT**

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Introduction

“As a society, we can no longer afford to make poor health choices, such as being physically inactive and eating an unhealthy diet; these choices have led to a tremendous obesity epidemic. As....health professionals, we must embrace small steps toward coordinated policy and environmental changes that will help Americans live longer, better, healthier lives.”

***-Richard H. Carmona, MD, MPH, FACS
Former Vice Admiral & U.S. Surgeon General***

Overweight and obesity have reached epidemic proportions nationwide. In the past 20 years, the percentage of overweight children has more than doubled, and, for adolescents, tripled (CDC, BFRSS.2003). Among children and adolescents ages 6-19, 16% are considered overweight (CDC, BFRSS.2003). These trends lead many experts to believe that the current generation of children threatens to be the first in modern history to have a shorter life span than their parents' generation. The rising trend of overweight and obesity in Maryland Counties poses a major public health challenge. In light of this problem, the Frederick County Health Department (FCHD) was awarded a grant from the American Academy of Pediatrics to begin to chart a course to address this issue. CORE HEALTH, a community wellness-solutions company was hired to assist in the development of this strategic initiative.

The Frederick County Child Health Partnership (FCCHP) held its inaugural meeting at the FMH Wellness Center in Frederick in order to harness the expertise of community leaders, businesses, health care providers and members of Frederick community who have interest in addressing childhood overweight in Frederick County. Community Stakeholders attended the retreat all with varying backgrounds. From CEO's to certified personal trainers the array of expertise was vast and all encompassing. CORE HEALTH facilitated the retreat to spearhead the strategic initiatives surrounding childhood obesity prevention in the Frederick County Community. Participants shared their ideas for the “ideal” environment for Frederick County children. In addition, they expressed their community's strengths and weaknesses as it related to addressing childhood overweight and brainstormed ideas for the partnership's vision and mission statements.

Facilitation of Vision and Mission Statements

Vision Statement Development

In formulating strategy, the development of a vision is the key to the success of any initiative. A vision statement answers the question, "What will success look like?" and "What do we want to become?" A clear vision provides the foundation for developing a comprehensive mission statement. During the Frederick County Child Health Partnership retreat, members of FCCHP were asked to think of words representative of what they considered success to be in their community in the area of childhood overweight. A collection of ideas resulted in the following statements:

- A desire for change in the availability and affordability of healthy food choices in their community
- A community that was fully aware and educated on the topic of childhood overweight
- A positive mental climate that was inclusive
- To create healthy body images in the minds of Frederick County residents
- An atmosphere that consisted of healthy, happy kids who would engage in safe play
- Moderate non-intimidating messages around nutrition and physical activity

These building blocks provided CORE HEALTH with substance to construct an achievable yet tentative vision statement for FCCHP. The goal is to provide this proposed vision statement back to the partnership for review and approval. Based on the above statements the following proposed vision statement emerged.

Draft Proposed Vision Statement:

The vision of Frederick County Child Health Partnership (FCCHP) is to establish a well community where the lives of the children living in Frederick County are prolonged and enhanced through healthy eating and physically active lifestyles.

Mission Statement Development

A clear mission statement is needed before strategies can be formulated and implemented. A mission statement is a declaration of attitude and outlook, it answers the question "why do we exist" and "what is our business." During the retreat members of the FCCHP, shared ideas on what an effective mission statement should entail and the following are a collection of the ideas presented:

- An inclusive community
- A non-judgmental , non-discriminating community
- Advocacy
- Environmental changes to encourage and enable residents to eat healthy and engage in physical activity
- Overall Wellness
- Creating messages that Health and Fitness is fun
- Promote awareness through education

These building blocks provided CORE HEALTH with substance to construct an achievable yet tentative mission statement for FCCHP. The goal is to provide this proposed mission statement

back to the partnership for review and approval. Based on the above statements the following proposed mission statement emerged.

Draft Proposed Mission Statement:

The Mission of Frederick County Child Health Partnership (FCCHP) is to encourage and enable children of Frederick County to adopt and maintain healthy lifestyles. Through public/private partnerships the FCCHP plans to develop a well community that is inclusive, non-judgmental, non-discriminating and advocates for environmental changes, opportunities for choices of physical activities, healthy food and overall wellness.

Identifying categories of stakeholders within the community

Asset Mapping Stratification

In order to assist the partnership with organization and direction for the overall vision and mission, CORE HEALTH stratified the childhood overweight environment into six asset categories: clinical, nutrition, fitness, social support, counseling and education. This taxonomy would assist members of the FCCHP to easily identify known assets, organize them, and rank them based on their perceived importance. Members of FCCHP considered existing programs and interventions that addressed childhood overweight in the Frederick County Community and a list of the most important known assets emerged. Figure 1.1 is a graphical representation of these assets.

Figure 1.1 *Asset Mapping Categorization Chart*

ASSETS	ASSET CATEGORIES					
	<i>Clinical</i>	<i>Social</i>	<i>Fitness</i>	<i>Education</i>	<i>Counseling</i>	<i>Nutrition</i>
	Frederick Memorial Diabetes Center	L & B Chamber Profit & Non-Profit	Frederick County Sports Leagues.	PE Classes Existing partners & collaboration	Maryland Co-op Ext.	Common Market
	Frederick County Health Department	MD Corp. Extension	YMCA	LMB & Chamber Counsel of Non-Profit	FMH	Farmers Market
	Frederick Pediatrician (Dr. Lee)	FMH Wellness Center	Frederick County Health Department	YMCA	FCPS	WIC
	FMH Wellness Center	FCS facilities	Frederick County Parks and Recreation	United Way	CASS	MOM (new market)
	Mission of Mercy	School Health council	FMH	MCEExt.	GO Program (guys only & girls only)	Frederick County Health Department
		FCPS	FCPS – after school programs FCPS – athletic programs	FMH Health Classes	Frederick County Health Department	Head Start Program
		FMH	Private clubs – for profit	FCPS – special programs FCPS – teachers	FMH Wellness Center	Frederick County Diabetes Center
		House of Rep. – Roscoe Bartlett Support to the collaborations	FMH Wellness Center	FMH Wellness Center		MD Corp Extension Service
		Central Hispano (referral service)				4-H Programs
		Local delegate – Sue Hecht				Wellness Center school nutrition programs
		United Way				FCHD-website nutrition
		YMCA				FMH Wellness Center

A close look at the asset mapping categorization chart revealed that some assets spanned multiple categories and could be labeled “multi-specialty.” These assets were the local YMCA, the Frederick County Health Department (FCHD), Frederick Memorial Hospital, the Frederick Wellness Center and the Frederick County Public School System. One organization in the community had services that spanned all six categories making them an attractive one-stop shop for parents seeking an intervention for their child – the FMH Wellness Center.

Creating Action Items and Outcome Measures

S.W.O.T. ANALYSIS (Strengths, Weaknesses, Opportunity and Threats)

Once these assets were identified, CORE HEALTH facilitated a discussion with the members of the partnership on how to support and sustain them –the SWOT analysis tool was employed specifically for this task. The SWOT tool is an important matching tool that helps with the development of four types of strategies critically important to the success of the FCCHP mission. These strategies are Strength-Opportunity Strategies (SO), Weakness-Opportunity Strategies (WO), Strength –Threats Strategies (ST) and Weakness-Threats Strategies (WT). SO strategies uses strengths to take advantage of opportunities, WO strategies aim at improving weaknesses by taking advantage of opportunities, ST strategies use strengths to avoid or reduce the impact of threats and WT strategies goal is to reduce weaknesses and avoid threats.

Figures 1.2 and 1.3 give schematic representations of the SWOT Inventory and the SWOT Matrix based on information gathered during the retreat. Potential action items and objectives can be obtained from a careful review of the SWOT Matrix.

Figure 1.2 *SWOT Inventory*

SWOT Analysis <i>Inventory of your preparedness to reach issue</i>	
Strengths	Weaknesses
<ul style="list-style-type: none"> ▪ Passion ▪ Collaboration ▪ Experts ▪ High ranking School System ▪ Internal Political support in the health office ▪ Great hospital system ▪ Strong social network ▪ Great parks & rec. center ▪ Two national parks ▪ One state park ▪ Have the ability to raise funds ▪ Opportunity to address childhood obesity ▪ YMCA ▪ Frederick Co. Fair ▪ FCPS – food, fitness, fun initiative ▪ FCPS health council ▪ Healthy families program (home visits) ▪ Families plus (overall education in schools) ▪ CASS 	<ul style="list-style-type: none"> ▪ Uninformed ▪ Internal financial resources ▪ Time allotted ▪ Burn-out ▪ Potential attrition ▪ Personal agenda ▪ Incompatibility w/ partners ▪ Knowledge of resources (culturally appropriate) ▪ Clinical access for indigent ▪ Common centers that includes all assets
Opportunities	Threats
<ul style="list-style-type: none"> ▪ Health Dept ▪ Call to action by surgeon general ▪ Research that supports this initiative ▪ Proximity to research ▪ Updated website for Dept. in Frederick Co. ▪ Pre-existing & potential collaboration ▪ Room for expansion ▪ Lack of awareness ▪ Healthy families Program (home visits newborn – 5yrs.) ▪ Build on your success ▪ Educate people about resources ▪ Contact with larger hospitals ▪ Current state of nation 	<ul style="list-style-type: none"> ▪ Financial resources ▪ Media ▪ Fierce competition ▪ Perception ▪ Political affiliation ▪ Segregated county ▪ Social intolerance ▪ St. of MD does not support nutrition ▪ Social barriers ▪ Not a priority of MD ▪ Common market (elite perceptive, expensive)

Figure 1.3 *SWOT Matrix*

	STRENGTHS - S <ol style="list-style-type: none"> 1. Passion for change in the health atmosphere for Frederick County by partners 2. Great Collaboration between Partners 3. Experts in the field of Health 4. Internal Political support in the health office 5. Great hospital system 6. Great parks & rec. center (Two national parks and one state park) 7. Have the ability to raise funds 8. Strong Health Resources and activities in the community (YMCA Frederick Co. Fair, FCPS – food, fitness, fun initiative, FCPS health council, Healthy families program (home visits)and CASS) 	WEAKNESSES - W <ol style="list-style-type: none"> 1. Uninformed of other potential beneficial resources 2. Lack of financial resources 3. Knowledge of resources (culturally appropriate) 4. Clinical access for indigent 5. No Common centers that includes all assets
OPPORTUNITIES – O <ol style="list-style-type: none"> 1. Call to action by surgeon general to tackle the obesity issue 2. Research that supports this type of initiative is vast 3. Proximity to resources with partnership potential 4. Website for Dept. in Frederick Co. 5. No pre-existing childhood obesity initiative thus room for one. 6. Pre-existing programs willingness to expand and build on successes 7. The ever-increasing childhood overweight rates in the country. 	SO STRATEGIES <p>Create and promote a viable distribution channel (via the pre-existing website or messaging) to get information out to Frederick County residents. (S8, 04, 06)</p> <p>Increase partnership capacity and resources by reaching out to identified assets and potential partners. (S1, 03, 06)</p> <p>Create and provide an active/healthy tool-kit to enable communities to access resources and promote healthy eating and physical activity (S2, 02, 04, 06, 07)</p>	WO STRATEGIES <p>Conduct a sample survey to identify communities that have limited access to health resources such as healthy food options, access to physical activity opportunities etc. (W1, 05,07)</p> <p>Advocate for increased access to affordable healthy food options in urban, suburban and rural communities. (W4, 01)</p> <p>Advocate for inclusion for individuals who are fiscally not able to pay for healthy food, recreation, and clinical interventions. (W4, 06, 01, 07)</p>
THREATS - T <ol style="list-style-type: none"> 1. Lack of financial resources to drive initiative 2. Deceptive Media Messages 3. Perception of childhood overweight by the middle class majority 4. Political affiliation 5. Segregated county 6. Social intolerance 7. State of MD does not support nutrition programs 8. Not a priority of MD 9. Common market (elite perceptive, expensive) 	ST STRATEGIES <p>Increase awareness and create healthy happy message campaigns to promote healthy eating and physical activity that combat deceptive media messaging. (S7, S2, S9, T2, T7)</p> <p>Increase the number of healthcare professionals who communicate overweight and obesity prevention messages, including healthy eating, increased physical activity and decreased sedentary activity in healthcare practices on a regular basis. (S3, S5, T1, T2, T3)</p>	WT STRATEGIES <p>Create healthy lifestyle coalitions within communities to specifically address the underserved population of the county (W3, W4, T6, T5)</p>

Based on the Matrix, eight (8) potential strategies/goals/objectives emerge:

1. Create and promote a viable distribution channel (via the pre-existing website or messaging) to get information out to Frederick County residents.
2. Increase partnership capacity and resources by reaching out to identified assets and potential partners.
3. Create and provide an active/healthy tool-kit to enable communities to access resources and promote healthy eating and physical activity.
4. Increase awareness and create healthy happy message campaigns to promote healthy eating and physical activity that combat deceptive media messaging.
5. Increase the number of healthcare professionals who communicate overweight and obesity prevention messages, including healthy eating, increased physical activity and decreased sedentary activity in healthcare practices on a regular basis.
6. Advocate for increased access to affordable healthy food options in urban, suburban and rural communities.
7. Advocate for funding to support healthy life choices for individuals within the FC community who are economically unable to afford healthy food, recreation, and clinical interventions.
8. Create healthy lifestyle coalitions within communities to specifically address the underserved population of the county

It is the recommendation of CORE HEALTH that along with the four future scheduled focus groups, where pertinent community data will be gathered, these objectives be considered in the pursuit of accomplishing the FCCHP vision and mission.

Next Steps: Conduct Focus Groups

Process: CORE HEALTH will follow up with all FCCHP retreat attendees to recruit community members and key stakeholders for participation in the focus groups. From the retreat, it was decided that CORE HEALTH would conduct four focus groups throughout the county in locations identified by the FCCHP members. The 4 focus groups consist of the following groups of people (the associated names are the volunteers from FCCHP who agreed to recruit members for the group):

1. Upper/Middle Income – Martha Herman and Daria Putnam-Steinhardt
2. Lower Income – Rebecca Comstock and Susan Lindstrom
3. Families who have children already in programs – Dr. Lee/FCHD
4. A Smorgasbord (an assortment of everyday people) – Deborah Rhodes

Location: In addition, the following are the proposed focus group locations identified by the FCCHP members:

1. The Frederick County Public library
2. The local YMCA
3. Parks and Recreation location (there are 6 locations and David Kling will inform Dr. Douge' as to which location will be available),
4. A Frederick County Public School

The Maryland Cooperative Extension Service also offered to host a focus group, if necessary.